

**Intent to Submit a Senior Farmers' Market Nutrition Program (SFMNP)
Grant Application
New State Agencies Only**

If you intend to submit an application for a Senior Farmers' Market Nutrition Program (SFMNP) grant in fiscal year (FY) 2003, please complete the section below and return this form by **December 9, 2002**. This Letter of Intent is requested but not required and does not obligate either FNS or the State agency(ies) in any way, but will provide useful information to us as we prepare for the review and selection process. This information may be mailed, e-mailed or faxed to the following office address.

Donna M. Hines, SFMNP Program Officer
Supplemental Food Programs Division
Food and Nutrition Service, USDA
SFMNP Grants
3101 Park Center Drive, Room 520
Alexandria, VA 22302
FAX: (703) 305-2196
E-Mail: Donna.Hines@fns.usda.gov

**FY 2003 Senior Farmers' Market Nutrition Program (SFMNP)
Intent to Submit a Grant Application**

Applicant (State agency name and address):

Telephone: _____ FAX: _____ E-Mail: _____

Contact Person: _____ Title: _____

I intend to submit an application for a grant to operate the Senior Farmers' Market Nutrition Program (SFMNP) in FY 2003.

_____ **Yes** _____ **No**

Signature _____ **Date** _____